

216005438
80371

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 30	Agency Case No. B6-009792	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/03/2016		TIME OF ACCIDENT 2256	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2257	02/04/2016	
B 11	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Vine St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 2	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		17.00		X	N. 34th St.	
V1/M 05	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 3 R2 4 R3 3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 4	DRIVER LICENSE NO.	G07020571		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	RAY H ROBERTS		PHONE	4026171118	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/05/1972	
G 4	OWNER	McDonald's USA LLC		PHONE	LOCAL NO.	
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB491893
H 2	LICENSE PLATE	PA NO. 535 YYG	YEAR 2012	MAKE Ford	MODEL Fusion	BODY STYLE 4 door Sedan
V1/O 2	VEHICLE	2012	Ford	Fusion	4 door Sedan	blue
V2/O 1	VEHICLE ID NO. (VIN)	3FAHP0JA0CR225681		INSURANCE COMPANY	Zurich American Insurance Companu	
		TOWED TO		TOWED BY	POLICY NO. BAP837377119	
VEHICLE NO. 2						
I 2	DRIVER LICENSE NO.	H13019839		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	ZACHARY M CHAPO		PHONE	LOCAL NO.	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/14/1985	
J 02	OWNER	CITY OF LINCOLN		PHONE	LOCAL NO.	
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE	GM NO. 30794	YEAR 2007	MAKE Other Domesti	MODEL 740	BODY STYLE Construction/m
V2/Q 4	VEHICLE	2007	Other Domesti	740	Construction/m	orange
K 02	VEHICLE ID NO. (VIN)	1HTWGAAR07J401824		INSURANCE COMPANY	Nebraska Seld-Insurers	
		TOWED TO		TOWED BY	POLICY NO. SEL3017308	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

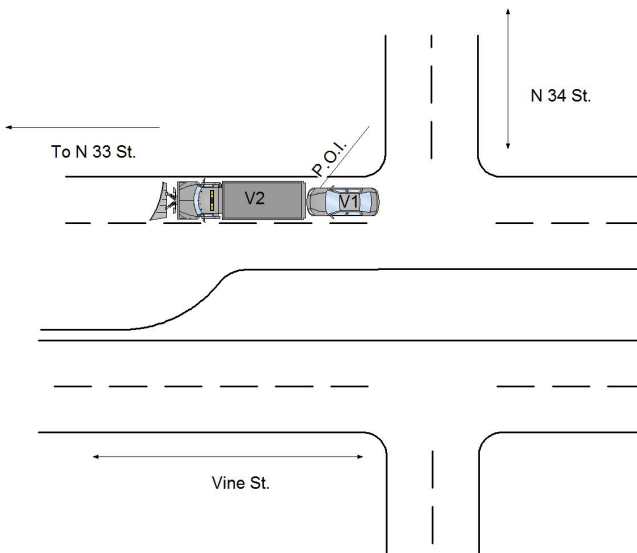
INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



Not To Scale

POI#1: 6 Ft. S of N curb of Vine
 St. and
 17 Ft. W of W curb of N 34 St.
 Street width of Vine St.: 51 Ft.
 All measurements are
 approximate.
 No skid marks



V1 was traveling WB on Vine St. D1 said he noticed V2 was stopped on Vine St/N 34 to N 33 St. D1 said he tried to stop and switch lanes to avoid contact. V1 collided with V2. Def said his speed was approx. 30 mph. D1 said icy road conditions were a factor. D2 said he was parked with his emergency lights on, Vine St/ N 34 to N 33 St, along with other utility vehicles. D2 said he was in the process to begin plowing snow. D2 did not see V1 approaching, and was rear ended.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																		
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$																		
WITNESSES	NAME								ADDRESS								PHONE																		
	NAME								ADDRESS								PHONE																		
VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)						AIRBAG DEPLOYED VEHICLE 1						RESTRAINT USE VEHICLE 1						TOTAL OCCUPANTS		VEH 1	1	VEH 2	1						
VEH NO.		N	S	E	W	ROAD OR HIGHWAY NAME										ALCOHOL TESTING						Driver No. 1	Driver No. 2	Pedestrian											
1					X	Vine St										-						-						Y		Y		Y			
2					X	Vine St										4						2						N	X	N	X	N			
1		01		06 Turning left 07 Making U-turn				POINT OF IMPACT				01		POINT OF IMPACT				05		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown						BAC LEVEL					
2		10		08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				MOST DAMAGED AREA				01		MOST DAMAGED AREA				00								Driver No. 1		Driver No. 2							
						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				02				03		04						1		1											
						01				08				07		06		4				2													
OFFICER NO. 1623						TROOP/ TEAM/ BEAT SW						DEPARTMENT Lincoln Police Department												Photographs taken?				YES X NO							
INVESTIGATOR NAME (Print or Type) Eric Dlouhy										INVESTIGATOR SIGNATURE Approved by Eric Dlouhy										DATE OF REPORT 02/04/2016															